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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01024** (1)

1. Corporation Name

LITERACY VOLUNTEERS OF NAPLES, INC.

Principal Place of Business

Mailing Address

**53-12TH STREET, NO.
NAPLES FL 34102
US**

**P. O. BOX 582
NAPLES FL 33939
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**BOND, SCHOENECK & KING
1167 THIRD ST., SOUTH, SUITE 107
NAPLES FL 33940**

3. Date Incorporated or Qualified

01/16/1984

4. FEI Number

59-2358999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SPRAGUE, DENNIS	
STREET ADDRESS	1075 CENTRAL AVE.	
CITY-ST-ZIP	NAPLES FL 33940	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAWS, MICHAEL	
STREET ADDRESS	1233 12TH AVE. N.	
CITY-ST-ZIP	NAPLES FL 33940	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MUENZE, ARTHUR	
STREET ADDRESS	4551 GULF SHORE BLVD. N.	
CITY-ST-ZIP	NAPLES FL 33940	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SUTTER, RHONA	
STREET ADDRESS	P.O. BOX 9349 (N A)	
CITY-ST-ZIP	NAPLES FL 33941	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Conklin, William	
1.3 STREET ADDRESS	247 Colonade Circle	
1.4 CITY-ST-ZIP	Naples, FL 34103	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Voss, Fred	
2.3 STREET ADDRESS	8420 Abington Circle	
2.4 CITY-ST-ZIP	Naples, FL 34108	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Muenze, Arthur	
3.3 STREET ADDRESS	114 Moorings Park Dr.-#A403	
3.4 CITY-ST-ZIP	Naples, FL 34105	

4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wishart, Margaret	
4.3 STREET ADDRESS	28821 Regis Court, S.W.	
4.4 CITY-ST-ZIP	Bonita Springs, FL 34134	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wm P. Conklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 1998

941/262-4448

CR2E037 (10/97)